automobile grants for certain veterans with every severe service-connected disabilities. The IRS interpretation would exempt adjustment based on an inflation index, but fails to protect the many VA benefits that are adjusted without reference to an index. Under the February 27, 1992 IRS opinion, any of these modifications or adjustments might have made the benefits involved taxable.

Section 5301 of title 38, United States Code, explicitly exempts veterans benefits and services from taxation. The provision of the tax code interpreted by IRS concerns military benefits, and it seems clear to me that Congress did not intend to make veterans benefits taxable for the first time in our Nation's history through enactment of a tax code provision addressing military benefits. Veterans benefits, provided to veterans and their survivors under laws administered by VA, always have been distinct from military pay and benefits provided to active-duty or retired servicemembers under laws administered by the Department of Defense.

In fact, Mr. President, another tax code provision, section 136, explicitly references the title 38 provision exempting veterans benefits from taxation. I am not aware of any previous suggestion that the tax code section that IRS has interpreted was intended to make veterans benefits taxable. If Congress had wanted to make such a radical change in the tax-exempt status of veterans benefits, it certainly would have done so much more explicitly than through an ambiguously worded provision that does not even mention veterans or the Department of Veterans Affairs.

Mr. President, it is clear that, before February 1992, in previous administration had interpreted this tax code provision to require taxation of veterans benefits. During the almost 7 years since the provision took effect, IRS has not collected or attempted to collect any taxes based on the receipt of VA-administered benefits—even in connection with VA debt waivers, which the IRS opinion had concluded could be subject to taxation in certain circumstances.

In fact, every official IRS publication of which I am aware that mentions veterans benefits, including ''Publication 17—Your Income Taxes'' and a 1988 IRS private letter ruling, explicitly states that veterans benefits are not taxable. Many IRS publications even list all available veterans benefits to indicate that each is nontaxable.

Mr. President, in 1992, the committee found a very receptive ally in then-Senator Lloyd Bentsen, who chaired the Finance Committee. Senator Bentsen successfully inserted a version of our clarifying legislation into 1992's tax bill, H.R. 11. Unfortunately, President Bush vetoed H.R. 11.

Mr. President, during the last Congress, efforts were made, both by the administration—where Senator Bentsen was then serving as Secretary of Treasury—which submitted proposed legislation substantively identical to H.R. 11, and by me in the introduction of such legislation in S. 1083, to replicate the success we had with H.R. 11. Unfortunately, no action was taken on that legislation during the 103d Congress.

The legislation I am introducing today is substantively identical to H.R. 11, the legislation recommended by the administration last Congress, and to S. 1083, and I am hopeful that action will be taken on it in the first appropriate tax legislation.

I believe it is vitally important to reiterate and clarify by statute the tax-exempt status of all veterans benefits and services, in order to preclude any future tinkering with these most fundamental benefits, particularly in the current climate of anything goes in the name of deficit reduction.

Mr. President, it is obvious that, since IRS previously has not collected or attempted to collect taxes on veterans benefits, this legislation will not affect Federal revenues.

Mr. President, in closing, I acknowledge and thank Senator MOYNIHAN and the fine Finance Committee staff for the technical assistance provided in connection with the development of this measure. I urge my colleagues to support this bill and pledge to do all I can to see it enacted quickly.

Mr. President, I ask unanimous consent that a copy of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 297

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Veterans' Tax Fairness Act of 1995''.

SEC. 2. CLARIFICATION OF TREATMENT OF VETERANS' BENEFITS.

(a) IN GENERAL.—Subsection (a) of section 134 of the Internal Revenue Code of 1986 (relating to certain military benefits) is amended to read as follows:

''(a) GENERAL RULE.—Gross income shall not include—

''(1) any qualified military benefit, and

''(2) any allowance or benefit administered by the Secretary of Veterans Affairs which is received by a veteran (as defined in section 101 of title 38, United States Code) or a dependent or survivor of a veteran.''

(b) TECHNICAL AMENDMENT.—Paragraph (3) of section 137(a) of such Code is amended to read as follows:

''(3) Benefits under laws administered by the Secretary of Veterans Affairs, see section 5301 of title 38, United States Code.''

(c) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 1984.●

ADDITIONAL COSPONSORS

S. 5

At the request of Mr. DOLE, the name of the Senator from South Dakota [Mr. PRESSLER] was added as a cosponsor of S. 5, a bill to clarify the war powers of Congress and the President in the post-Cold War period.

S. 105

At the request of Mr. DASCHLE, the name of the Senator from Nebraska [Mr. EXON] was added as a cosponsor of S. 105, a bill to amend the Internal Revenue Code of 1986 to provide that certain cash rentals of farmland will not cause recapture of special estate tax valuation.

S. 110

At the request of Mr. DASCHLE, the name of the Senator from Nebraska [Mr. EXON] was added as a cosponsor of S. 110, a bill to amend the Internal Revenue Code of 1986 to provide that a taxpayer may elect to include in income crop insurance proceeds and disaster payments in the year of the disaster or in the following year.

S. 112

At the request of Mr. DASCHLE, the name of the Senator from Nebraska [Mr. EXON] was added as a cosponsor of S. 112, a bill to amend the Internal Revenue Code of 1986 with respect to the treatment of certain amounts received by a cooperative telephone company.

S. 208

At the request of Mr. DASCHLE, the name of the Senator from New Jersey [Mr. LAUTENBERG] was added as a cosponsor of S. 208, a bill to require that any proposed amendment to the Constitution of the United States to require a balanced budget establish procedures to ensure enforcement before the amendment is submitted to the States.

S. 252

At the request of Mr. LOTT, the names of the Senator from North Carolina [Mr. HELMS], the Senator from Florida [Mr. MACK], the Senator from New Hampshire [Mr. SMITH], and the Senator from Alaska [Mr. STEVENS] were added as cosponsors of S. 252, a bill to amend title II of the Social Security Act to eliminate the earnings test for individuals who have attained retirement age.

S. 253

At the request of Mr. LOTT, the names of the Senator from New Mexico [Mr. DOMENICI], and the Senator from Wyoming [Mr. SIMPSON] were added as cosponsors of S. 253, a bill to repeal certain prohibitions against political recommendations relating to Federal employment, to reenact certain provisions relating to recommendations by Members of Congress, and for other purposes.

S. 254

At the request of Mr. LOTT, the names of the Senator from Maryland [Ms. MIKULSKI], the Senator from Alabama [Mr. HEFLIN], the Senator from Nebraska [Mr. EXON], the Senator from Oregon [Mr. HATFIELD], and the Senator from Hawaii [Mr. AKAKA] were added as cosponsors of S. 254, a bill to extend eligibility for veterans' burial benefits, funeral benefits, and related

benefits for veterans of certain service in the United States merchant marine during World War II.

S. 268

At the request of Mr. BUMPERS, the name of the Senator from Arkansas [Mr. PRYOR] was added as a cosponsor of S. 268, a bill to authorize the collection of fees for expenses for triploid grass carp certification inspections, and for other purposes.

S. 275

At the request of Mr. GRASSLEY, the name of the Senator from Kansas [Mr. DOLE] was added as a cosponsor of S. 275, a bill to establish a temporary moratorium on the Interagency Memorandum of Agreement Concerning Wetlands Determinations until enactment of a law that is the successor to the Food, Agriculture, Conservation, and Trade Act of 1990, and for other purposes.

SENATE RESOLUTION 37

At the request of Mr. PACKWOOD, the name of the Senator from Maryland [Mr. SARBANES] was added as a cosponsor of Senate Resolution 37, a resolution designating February 2, 1995, and February 1, 1996, as ''National Women and Girls in Sports Day.''

ADDITIONAL STATEMENTS

DOMESTIC VIOLENCE AS A HEALTH CARE ISSUE

• Mr. SIMON. Mr. President, one of the finest things that has happened in the U.S. Senate since I've been here was the election of PAUL WELLSTONE.

I was reminded of that the other day when I was catching up on my reading and read in the magazine Tikkun his article on domestic violence as a health care issue.

It really goes beyond discussing it as a health care issue.

He talks about the necessity to have education and be sensitive and to protect all of our citizens better than we are now protecting them.

I ask to insert into the RECORD the Paul Wellstone article.

The article follows:

DOMESTIC VIOLENCE AS A HEALTH-CARE ISSUE

(Paul Wellstone)

Domestic violence is a crime. Surely this statement is not a matter of contention or debate anymore—or it certainly should not be.

But it wasn't too long ago that we did have to make the argument, because domestic violence was a secret, something that happened behind closed doors, a ''family matter.'' Police would be called; they would arrive; and they would leave. And then they would be called again. And again.

Now, of course, it's different, because everyone knows that domestic violence is a crime as pervasive—if not more so—than murder, armed robbery, or drug dealing. The only argument now involves what to do about this seemingly intractable problem.

Domestic violence is a health-care issue. Now this is something new. Once this perspective on the problem is introduced, however, informed opinion-makers pause a moment, think about it, and say, ''Oh, yes, of course it is.''

But what are the implications of approaching domestic violence in this way?

Evidence indicates that domestic violence is the leading cause of injury to women, more common than auto accidents, muggings, and rapes by strangers combined. Indeed, it is the most frequent cause for women to seek attention at hospital emergency rooms. Not surprisingly, the health consequences of domestic violence include bruises, broken bones, birth defects, miscarriages, and emotional distress, as well as long-term mental health problems.

Although domestic violence touches men as well as women, we know that women and children are the primary victims. We know that the very place in which a woman and her children should feel the safest and most protected—their home—is all too often the most violent, dangerous, and even deadly place. The emotional and physical well-being of women and children is compromised when they suffer or witness abuse. And the costs are staggering.

As a member of Congress, steeped in the current health-care debate, I can't and won't let this information simply be stored away to be trotted out as factoids for rhetorical purposes: Congress is on the threshold of actually doing something to address the domestic violence health issue.

In the course of the national debate over health care, we have been hearing the arguments for comprehensive reform. The prevalence of domestic violence and the toll it takes on the nation's heath are two of the reasons we need health-care reform that includes universal coverage, and a good, affordable package of benefits.

The victims of domestic violence are living, breathing, suffering women and children. They, along with other Americans who need care, give a soul to this debate that goes beyond technical discussions of ''employer mandates,'' ''hard and soft triggers,'' and all the other process jargon that so easily takes center stage in a Washington debate.

Health-care reform—to meet the needs of victims of domestic violence—needs to include universal coverage, elimination of preexisting condition clauses, public-health efforts to prevent domestic violence, and training for health-care providers to identify, treat, and refer victims. It should contain a benefits package that includes a visit to a doctor who will routinely ask about abuse and violence in the family just as she asks about a history of smoking or heart disease.

Universal coverage would mean that a woman who stays in a relationship because she is dependent on an intimate partner for health coverage for herself and her children would know that coverage was guaranteed even if she left the relationship.

Leaving an abusive relationship is already terribly difficult; many of the women involved worry about not being able to support their children or themselves. Many are ashamed to let relatives know of the abuse. And, when women do leave abusive partners, they must worry that the rage behind the abuse will become homicidal. A woman seeking to leave an abusive relationship should not have to worry about loss of health insurance for herself and her children—especially when experience shows that victims of abuse are heavy users of the health-care system.

When congressional discussion turns to ''universal coverage'' as being only a goal, or meaning 95 percent (or so) of the population, I will be reminding my colleagues about these women and their children.

Along with universal coverage, we need to prohibit insurance companies from denying coverage to people because of preexisting conditions. Eliminating preexisting condition clauses would protect women who are now denied coverage because their medical records explicitly indicate they have been battered, or because of repeated health problems that have occurred as a result of domestic abuse and violence.

The federal government should be a leader in developing and implementing innovative community-based strategies to provide health promotion and disease prevention activities for the prevention of violence by training providers and other health-care professionals to identify victims of domestic violence, to provide appropriate examination and treatment, and to refer the victims to available community resources.

This should include the development and implementation of training curricula that teach health-care providers to identify and name the symptoms, the promotion and importance of developing a plan of action should the abuser return, and how to refer their patients to safe and effective resources. Already we have taken some steps in this direction by adopting my Violence Reduction Training Act, which is now being implemented by the Centers for Disease Control and Prevention.

A comprehensive benefits package would include clinic visits that gather a complete medical history and entail an appropriate physical exam and risk assessment, including the screening for victims of domestic violence, targeted health advice and counseling, and the administration of age-appropriate immunizations and tests.

This type of clinic visit would mean that a doctor would ask about a history or incidents of violence as part of her regular medical history interview. Doctors already ask about their patients' medical history with cancer, smoking, diet, or heart disease. Sadly, family violence is not something about which doctors, or other health professionals, often inquire.

Some of my congressional colleagues and my constituents will continue to remind me that passing this type of health-care reform is going to be expensive. Of course it is. But we are already spending the money one way or the other. The annual medical costs alone of reported domestic violence injuries are astounding: A study conducted at Chicago's Rush Medical Center found that the average charge for medical services provided to abused women, children, and older people is $1,633 per person per year. This would amount to a national cost of $857.3 million. Many of these costs are borne by emergency departments—the most expensive way to provide these services.

As with the current discussion surrounding the criminal nature of domestic violence, we are now at the point of asking: given that domestic violence is a health issue, what do we do?

One of the important things that we can do is to pass comprehensive health-care reform that is universal, comprehensive, and affordable. By passing comprehensive reform, Congress will be taking an important step to prevent and reduce the incidence of domestic violence.

Passing health-care reform will not be a panacea for the victims of family violence. In the same way that police cannot solve the crime of domestic violence, health-care professionals are not going to solve this problem.

If we are to break this cycle of violence, we must recognize that all of us in the community are stakeholders. We all need to be involved: health-care providers, educators, business people, clergy, law enforcement officers, advocates, judges, media, and community residents.